

CHANGE OF ADDRESS/OTHER INFORMATION FORM

LICENSE NUMBER: 	DATE OF BIRTH:
NAME: _____	FORMER NAME: _____
CURRENT BUSINESS ADDRESS: _____ _____ _____ _____	CURRENT HOME ADDRESS: _____ _____ _____ _____
CURRENT BUS. PHONE: _____	CURRENT HOME PHONE: _____
PREFERRED DIRECTORY ADDRESS: <input type="checkbox"/> Business <input type="checkbox"/> Home	PREFERRED BOARD MAILING ADDRESS: <input type="checkbox"/> Business <input type="checkbox"/> Home

Please Note: There is no fee for changing addresses or other information. For those licensees needing to change their name, a copy of a marriage license, divorce decree, or other court document is required to document a name change.

Return Form To:

**Arizona Board of Psychologist Examiners
1400 West Washington, Suite 235
Phoenix AZ 85007**

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